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# WORLD RESEARCH IN ALCOHOLISM

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Authors of research in alcoholism are invited to supply the Research Editor with two reprints of their publication for the LIBRARY OF WORLD RESEARCH IN ALCOHOLISM, along with an abstract indicating purpose, findings, and conclusions. Abstracts should be kept under 100 words for publication in the annotated bibliography.

If you wish to receive future issues of WORLD RESEARCH IN ALCOHOLISM, and have not already mailed your request, please write: State of Illinois, Department of Public Welfare, Division of the Alienist, 912 South Wood Street, Chicago 12, Illinois.

206. ARIEFF, A. J., McCULLOCH, R., and ROTMAN, D. B. (Northwestern Univ. Med. School, Chicago, Ill.): Unsuccessful suicidal attempts. Dis. nerv. Syst. 9: 174-9, 1948. 4 graphs, 4 tables. "An analysis of 100 unselected cases of unsuccessful suicidal attempts. ... In 22 cases a diagnosis of 'alcoholism, acute and chronic' was made, and it is stated that 'acute alcoholism acts as a precipitating factor ... but not as a causative agent.' 'Alcohol' was given as the cause of the attempt by 20 patients." -- Quart. J. Stud. Alc.

207. ASMUSSEN, E., HALD, J., and LARSEN, V. (Lab. for Theory of Gymnastics, Univ. of Copenhagen; and Biol. Lab., Medicinalco, Copenhagen S.): The pharmacological action of acetaldehyde on the human organism. Acta pharmacol. 4: 311-20, 1948. 10 ref., 3 fig., 2 tables. "Acetaldehyde was infused intravenously into normal human subjects. At concentrations of 0.2 to 0.7 mg % acetaldehyde in the blood a marked increase in heart rate, ventilation and dead space and a decrease in alveolar carbon dioxide were observed. The symptoms were qualitatively and quantitatively the same as those seen after alcohol intake in persons previously treated with antabuse (tetraethylthiuramdisulphide), which results in an increase of the blood acetaldehyde corresponding to that found in the present experiments."

208. BARNES, T. C., BEUTNER, R., and BEUTNER, K. R. (Hahnemann Med. Coll. and Hosp., Philadelphia, Pa., and Keeley Inst., Dwight, Ill.): Effect of alcohol on the acetylcholine metabolism of the brain. Anat. Rec. 101: 739, 1948 (abstr.). "Electroencephalographic disturbances in alcoholics may be related to inhibition of cholinesterase. This preserves acetylcholine which is electrogenic on lipoid surfaces as demonstrated in artificial systems (oil-cells), (Beutner and Barnes, Science 94: 211, 1941). This may explain the origin of brain-waves (Barnes, Internat. Physiol. Cong. 60, 1947). When minced brain of animals is incubated with acetylcholine in saline, the brain esterase decomposes some acetylcholine so that these acetylcholine solutions show a diminished electric phase-boundary on lipoidal layers. Alcohol, 0.05 to 10 % was also added. Although the data show variation in low concentrations, alcohol inhibits the decomposition by the brain esterase, thus preserving acetylcholine and the potential. In the living brain this would mean increased cerebral activity, accounting for the stimulating phase of action of alcohol. Experiments: Cerebral cortex of cat was bisected and minced, and one-half placed in 0.5 % alcohol in saline for 15 hours at 7° C. The other half of minced brain was similarly treated, but without alcohol. One gram of brain was added to each of 200 cm<sup>3</sup> portions of Na Cl with 0.025 % acetylcholine and 100 % mg bicarbonate. Vessels were shaken 1½ hours at 22° C. In contact with guaiacol, 0.025% acetylcholine gave 25 millivolts negative. The average reading for 1 % brain with acetylcholine was 6 millivolts and for 1% brain with 0.5 % alcohol, the reading was 11 millivolts. Sera of alcoholic patients are being investigated."

209. BRAUDE, J. M. (Judge, Munic. Court of Chicago): Justice for the alcoholic. Chicago Bar Rec. 30: 103-8, 108, 1948. Discusses need for closer cooperation between medicine, law, welfare agencies and the public in solving problems of alcoholism. "... We need to bring to the public the facts, especially those which involve great contradictions between legal codes and the scientific facts about the alcoholic's condition, his chances for recovery, or treatment appropriate to his illness.... But before we bring the law up to date we must know (for instance)... How many are arrested each year for drunkenness in the U.S.? How many of those arrested are in fact alcoholics? Of the alcoholics, how many are incipient cases, chronic, and recidivists? What dispositions are made of alcoholics, that is, how many are convicted and sentenced? What is the nature of the sentence? To what institutions are the alcoholics sent?

What care or treatment, if any, are they given? Into what occupational or social categories do the offenders fall? ... Before judgment the court should make every effort to determine the type of addict with which it is dealing. This can be done only through presentence investigation, consisting of medical, psychological, psychiatric, social, and sociological inquiry. ... The act passed by the 80th Congress for the District of Columbia providing for medical, psychiatric, and other scientific treatment of chronic alcoholics could serve as a model for similar acts throughout the nation. ..."

210. FUHRMAN, F. A., and FIELD, 2nd, J. (Dept. Physiol., Schl. Med., Stanford Univ., Stanford, Calif.): Inhibition of brain respiration by ethyl alcohol at varied temperature levels. Soc. exp. Biol. Med. 69: 331-2, 1948. 9 ref., 1 table. "The inhibition of oxygen consumption of rat cerebral cortex slices by ethyl alcohol was studied at 37.7°C, 30°C and 20°C. The inhibition becomes progressively greater with time at 37.7°C; such progressive inhibition is less marked at 30°C and is absent at 20°C. The minimum effective inhibitory concentration increases with decrease in temperature. The percentage inhibition with a given concentration of alcohol decreases with decrease in temperature."

211. HALD, J., and JACOBSEN, E. (Biol. Lab., Medicinalco Ltd., Copenhagen, Denmark): The formation of acetaldehyde in the organism after ingestion of antabuse (tetraethylthiuramdisulphide) and alcohol. Acta pharmacol. 4: 305-10, 1948. 9 ref., 1 fig., 1 table. "After intake of alcohol, human subjects treated with antabuse show a much higher concentration of acetaldehyde in blood than do untreated individuals. Acetaldehyde was isolated and identified chemically from the air expired by individuals that had been treated with antabuse + alcohol."

212. \_\_\_\_\_, \_\_\_\_\_, and LARSEN, V.: The sensitizing effect of tetraethylthiuramdisulphide (antabuse) to ethylalcohol. Acta pharmacol. 4: 285-96, 1948. 11 ref., 2 fig., 3 tables. "The toxicology and pharmacology of antabuse are reviewed, and a study of its absorption and elimination rate reported. When this drug is given to human subjects they will be sensitized to alcohol. The symptoms after intake of alcohol are flushing of the face and general uneasiness. The subjective symptoms are described. By measuring skin temperature on the face the course of the symptoms is followed objectively. Antabuse does not interfere with the rate of ethylalcohol elimination."

213. HIRSH, J.: The Problem Drinker. New York: Duell, Sloan & Pearce, Inc. 211 pp. 15 charts and drawings. \$3. A survey of what alcohol does and how it works, facts vs. myths, the role of society and family, attempts being made to help the problem drinker, medical and social advances in the understanding of alcoholism, the new legislation being designed.

214. IZIKOWITZ, S.: Om alkoholismens medicinska terapi och prafylax, nagra synpunkter och erfarenheter. (On the medical theory and prophylaxis of alcoholism; some viewpoints and experiences.) Nord. Med. 31: 2039-48, 1946. "... Prefrontal leucotomy is contraindicated in alcoholics, and the risk of deterioration is high. ... Creation of clinics for alcoholics is recommended, to be patterned after those in the United States and Russia, since these countries are far ahead of Sweden in treatment of alcoholism. It is recommended that the Swedish Abstinence Boards be abolished." -- Quart. J. Stud. Alc.

215. LARSEN, V. (Biol. Lab., Medicinalco Ltd., Copenhagen S., Denmark): The effect on experimental animals of antabuse (tetraethylthiuramdisulphide) in combination with alcohol. Acta pharmacol. 4: 321-32, 1948. 7 ref., 7 fig., 1 table. "The symptoms after alcohol administration to rabbits following treatment with antabuse were studied. In all animals an increase in blood acetaldehyde of 1-2

mg % was found, about 5 times as much as is seen after the same dose of alcohol given to untreated rabbits. In some instances an increase in ventilation was seen and this can be explained as a result of the increased blood acetaldehyde. No effect on blood pressure and heart rate could be observed. In guinea pigs and mice antabuse treatment gave small but variable decreases in the anaesthetic and lethal doses of alcohol."

216. MANSON, M. P. (Univ. Southern Calif., Los Angeles): Psychometric analysis of psychoneurotic and psychosomatic characteristics of alcoholics. J. clin. Psychol. 5: 77-83, 1949. 10 ref., 6 tables. "Four hundred and four alcoholics were compared with 474 nonalcoholics on two tests: the Cornell Selectee Index, Form N, and the Manson Evaluation, a questionnaire for the psychometric differentiation of alcoholics from nonalcoholics. (1) Approx. 63% of the male alcoholics and 71% of the female alcoholics revealed large numbers of psychoneurotic and psychosomatic symptoms on the CSI. This compared with 18% of the nonalcoholic group. (2) Highly significant statistical differences in mean scores on the CSI were found when alcoholics were compared with nonalcoholics. The alcoholic groups consistently made the higher scores, indicating that alcoholics possess more psychoneurotic and psychosomatic symptoms than do nonalcoholics. (3) On the CSI, 46 of the 64 items were found to have critical ratios of 2.0 or better. It thus appears that the CSI is a valid instrument for the separation of the well adjusted from the poorly adjusted. It clearly separated the nonalcoholics, a well adjusted group, from the alcoholics, a poorly adjusted group. (4) The CSI was found to make approx. 74 % valid predictions for females in the identification of the alcoholic. In comparing the CSI with the Manson Evaluation, it was found that the Manson Evaluation made approx. 79 % valid predictions for males and 84 % valid predictions for females. (5) The CSI was correlated with the Manson Evaluation and for the male group a Pearson r of .80 with a standard error of 0.17 was determined; for the female group it was .77 and .023."

217. MINOGUE, S. J. (Med. Supt., Mental Hosp., Rydalmer, New South Wales): Suicides among returned soldiers of the 1914-18 war. Med. J. Aust. 32 (1): 195-200, 1945. 3 ref., 8 tables. "Minogue reported a study of 634 Australian veterans of World War I who committed suicide from 1914-37 and concluded that restless, unhappy soldiers craved the excitement of the cities, where their loneliness was intensified and their struggle for existence became more acute. ... Forty per cent of this group were also heavy alcoholics, which again suggests that the victims first sought escape in alcohol and, that failing, committed suicide." — Wallinga, in Attempted suicide: a ten-year survey (Dis. nerv. Syst. 10: 15-20, 1949).

218. NEWMAN, H. W., and CUTTING, W. C. (Depts. Med., Pharm. and Therapeutics, Stanford Univ. Sch. Med., San Francisco, Calif.): Effect of insulin on rate of metabolism of ethyl alcohol. Proc. Soc. exp. Biol. Med. 69: 415-7, 1948. "Insulin in a dose of 1 unit per kg was found to be variably effective in accelerating the rate of alcohol metabolism, the effect being striking in 2 dogs, much less in another. This is in accord with the variable results reported by Widmark (1935). Half this dose was entirely ineffective in 2 dogs. The failure of Gregory and coworkers (1943) to demonstrate this accelerating action of insulin in adequate dosage must be due to the possibility that their 6 dogs fell, by chance, into the group of animals which does not show a striking acceleration with insulin."

219. PETRÉN, A. (Stockholm, Sweden): Om behovet av en mera rationell alkoholistlag. (The necessity for a more rational law in the treatment of alcoholics.) Svenska Lakartidningen 44 (2): 1076-87, 1947. "In the present Swedish law

on treatment of alcoholics aid is emphasized (not admission to an institution). The only mention of medical attendance is that the Temperance Board may, if there is reason for it, try to persuade the alcoholic to consult a doctor. But this is often difficult, time consuming and in some respects not desirable. Coercive measures will then be necessary. There is no provision in the law for home visits if required. ... In the directions for the new alcoholic-care committee it is stressed that before admission to an institution for alcoholics there must be a hospital examination. For such admission to a hospital coercive measures can be used only if the alcoholic is insane. The author considers it wise never to take a person to an alcoholic institution without a preceding admission to a hospital. Admission to an institution may then occasionally become unnecessary; the alcoholic is able after the hospital treatment to return home. Another original suggestion is the proposition of a verbal procedure where the alcoholic gets an opportunity to plead. Finally the importance of protecting the complainant and other persons called to the hearing, from the revenge of the alcoholic, is stressed." -- Dahlgren in Excerpta Med. VIII.

220. ,,: Ueber alkoholparanoia. (Alcoholic paranoia.) Acta psychiat. Neur., Copenhagen 21: 655-69, 1946. "Alfred Petré found that delusion of marital infidelity is an extremely common symptom of chronic alcoholism. Most patients institutionalized because of alcoholic psychosis had alcoholic paranoia and were often dangerous to the personal safety of the wife. In many cases the psychosis developed in persons who had originally been somewhat unbalanced. They were egotists with exaggerated self-esteem and conceit. Since all personality traits become more manifest under the influence of alcohol, the paranoid traits of morbid distrust and delusional jealousy become noticeable when the patient has been drinking heavily. In one patient this mistrust continued during abstinence. Alcoholics who only periodically drink to excess may realize when sober that their jealousy was unfounded. In Sweden the law usually forestalls the development of chronic alcoholism. Once an individual who exhibits daily abuse of alcohol has been reported to the Temperance Board, the physician usually recommends his admission to a general hospital for treatment. This advice is followed, as a rule, because unless he undergoes such comparatively brief treatment he is institutionalized. Hospital treatment is followed by further supervision by the Board, so that these measures usually suffice. If, however, daily abuse of alcohol has lasted for many years, it may be necessary to follow the stay at the hospital by institutionalization. The legislation designed to prevent alcoholism, notably implemented by work of the Temperance Board, is warranted by the reduction in number of alcoholic psychoses and by the fact that the duration of alcoholic paranoia, once reported to the Temperance Board, can be curtailed." -- Reese, Lewis, and Bailey in Yearbook of Neurology, Psychiatry, Neurosurgery, 1946.

221. SILLMAN, L. R. (565 Park Ave., New York 21, N. Y.): Chronic alcoholism. J. nerv. Ment. Dis. 107: 127-49, 1948. 18 ref., 1 table. To investigate and attempt to discover if there is a distinctive psychopathology for the alcoholic, a study group consisting of a psychiatrist, a psychologist, and a social worker was organized. A series of 53 alcoholics and ex-alcoholics and 22 nonalcoholics were examined. Summary of clinical findings:

#### THE ALCOHOLIC

Absence of neurotic defenses  
Craving for intense relationships  
Inability to compromise (acting out of conflict)

#### THE NONALCOHOLIC

Greater prevalence of neurotic defenses  
Satisfaction with casual relationships  
Greater ability to compromise

Protesting parents  
 Broad ego functioning  
 Perfectionism  
 Free floating aggressiveness  
 Breaking of dependency

Resigned parents  
 Acceptance of taboo and ego restrictions  
 Self-acceptance  
 Discharge and sublimation of aggressiveness  
 Acceptance of dependency

THE IMPROVED ALCOHOLIC

Flexible  
 Moderate anxiety  
 Greater capacity for involvement with groups  
 Greater powers of verbalization  
 Aggressiveness externalized and closer to consciousness  
 Greater capacity for identification and love  
 Greater grandiosity

THE UNIMPROVED ALCOHOLIC

Rigidity  
 Acute anxiety  
 Blocking in all personal relationships  
 Less power of verbalization  
 Aggressiveness internalized and more completely unconscious  
 Less capacity for identification and love  
 Paralyzing sense of inferiority

222. SCHWEIZERISCHER BUNDESRAT. Reglement für die Eidgenössische Kommission sur Bekämpfung des Alkoholismus. (Swiss Federal Council. Regulation for the federal commission for combating alcoholism.) Bull. Eidgenössischen Gesundheitssamtes 5: 63-4, 1947. "The Swiss federal council appointed a commission for combating alcoholism and entrusted it with the investigation of damage done by alcohol and its influence on public health, advice on questions concerning cases of drinkers, training of social workers, planning and developing of Trinker Heil-anstalten (according to requirements in statute No. 44 of the Penal Code), supervision of the officially prescribed percentage of alcoholic drinks, problems of prevention of alcoholism (improving of general nutritional conditions and housing hygiene, protection of the family, program of education). The commission has 15-20 members, appointed by the federal Home Office. It has, however, only advising powers, and has to submit its advice and suggestions either to the federal Home Office, or to the office which has requested the particular investigation. Publication of its reports to appear yearly, needs authorization by the Home Office." --Muller in Excerpta Med.VIII.

223. WALLINGA, J. V. (Cleveland State Receiving Hosp., Ohio): Attempted suicide: a ten-year survey. Dis. nerv. Syst. 10: 15-20, 1949 (Jan.) 12 ref., 3 tables. "In the group of 381 suicidal patients observed in a general hospital (Ancker Hosp., St. Paul, Minn.) from 1937 to 1946...alcoholism was found in over half the men and nearly a third of the females. A quarter of the male suicidal patients gave a previous history of chronic alcoholism. It would appear that an underlying personality disturbance which finally was brought to medical attention through an attempt at self-destruction had been previously evidenced for a prolonged time by refuge in alcohol."

224. WEXBERG, L. E. (Director, Bureau of Mental Hygiene, Washington, D. C.): Outpatient treatment of alcoholics. Amer. J. Psychiat. 104: 569-72, 1948. "After 10 months of operation of alcoholic outpatient clinics by the District of Columbia Department of Health, 55% to 60% of the cases are estimated to have been successfully treated. By an understanding of Gestaltian principles of habit formation it is shown that the 'alcoholic personality' is characterized by a change of value structure which is secondary to the growing momentum of addiction. Active skillful psychotherapy can restitute previously existing range of values. Once the patient has gained insight he may respond to group discussion type therapy, recreational programs, or the spiritual system of Alcoholics Anonymous." — Weitz in Psychol. Abstr.

NEWS NOTES

225. CONNECTICUT: A publicly supported hospital for study, treatment, and rehabilitation of alcoholics will be erected in Hartford, and operated by the Connecticut Commission on Alcoholism. Work on the new structure, for which funds totaling \$551,943 have been made available by the state, will begin immediately, with completion expected within a year. There will be accommodations for 50 bed patients and an outpatient department to treat about 400 ambulatory patients annually.

226. DELAWARE: Governor Bacon Health Center, Delaware City, Del., dedicated by the state, will have a department for men and women of all ages who suffer from alcoholism, without psychosis. Admission will be on a voluntary basis.

227. ILLINOIS: Bill introduced, S. 19, proposes creation of state alcoholics hospital.

228. CHICAGO COMMITTEE ON ALCOHOLISM: Federal funds granted to Portal House, a center for reclaiming alcoholics, will enable its outpatient clinic to continue operations on an enlarged scale for both men and women. This is believed to be the first specific use of federal mental hygiene funds - the grant is under the Mental Hygiene Act - for treatment of alcoholics. Portal House has reclaimed about two-thirds of the 300 alcoholics it has treated.

229. MAINE: Bill introduced, H. 476, proposes creation of a board of trustees of the state fund for alcoholics to study the problem of alcoholism, including methods and facilities available for care, custody, detention, treatment, employment and rehabilitation.

230. NEW YORK: Bills introduced, S. 497 and A. 571, propose creation within the Dept. of Mental Hygiene of a Bureau of Alcoholic Rehabilitation to establish and equip hospitals, clinics, custodial institutions or farms in connection either with existing hospitals or other institutions with facilities for diagnosis, classification, hospitalization, confinement and treatment of alcoholics.

231. PENNSYLVANIA: Bill introduced, H. 220, proposes to authorize the Dept. of Health to investigate rehabilitation of alcoholics and maintain statistics on any rehabilitation programs carried forward by state-aided clinics for alcoholics, state hospitals, and state-aided hospitals receiving alcoholics.

232. UTAH: Bill introduced, S. 179, proposes to make permanent a Board of Trustees of the State Fund for Inebriates created to investigate the causes of alcoholism and to provide education thereon and treatment of alcoholics.

233. WASHINGTON: Washington Society for Mental Hygiene is introducing a bill that would make possible voluntary and preventive commitments of alcoholics for diagnosis and study, as well as psychiatric help. The present commitment law on psychiatric care in state institutions provides only for care of those adjudged by court order "insane" and "feeble-minded."

234. RESEARCH COUNCIL ON PROBLEMS OF ALCOHOL: It was voted to transfer to National Research Council, Division of Medical Sciences, 2101 Constitution Ave., Washington 25, D.C., physical and financial assets of RCPA for the furtherance of research in this field. Communications on general problems of alcoholism may be directed to Division of Mental Hygiene, U. S. Public Health Service, Federal Security Agency, Washington 25, D.C.